



Express Mail Mailing Label No. EB 076107537 US

**TRANSMITTAL  
FORM**

|                      |                       |
|----------------------|-----------------------|
| Application Number   | 10/563,181            |
| Filing Date          | April 24, 2006        |
| First Named Inventor | Milan Lampic-Oplander |
| Group Art Unit       | 1793                  |
| Examiner Name        | Yee, Deborah          |
| Attorney Docket No.  | 20496-503             |
| Patent No.           | Not applicable        |
| Issue Date           | Not applicable        |

**ENCLOSURES (check all that apply)**

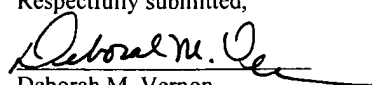
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|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input checked="" type="checkbox"/> Copy of Fee Transmittal Form<br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><input checked="" type="checkbox"/> Petition for Extension of Time (3 Months)<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><input type="checkbox"/> Replacement Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction<br><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|--|--|--|

**CORRESPONDENCE ADDRESS**

Direct all correspondence to: Patent Administrator  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600  
Tel. No.: (617) 526-9600  
Fax No.: (617) 526-9899

**SIGNATURE BLOCK**

Date: May 20, 2008  
Reg. No.: 55,699  
Tel. No.: (617) 526-9836  
Fax No.: (617) 526-9899

Respectfully submitted,  
  
Deborah M. Vernon  
Attorney for the Applicant(s)  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600

**FEE TRANSMITTAL**  
**FY 2008***Complete if Known*

|                      |                       |
|----------------------|-----------------------|
| Application No.      | 10/563,181            |
| Docket No.           | 20496-503             |
| Filing Date          | April 24, 2006        |
| First Named Inventor | Milan Lampic-Oplander |
| Group No.            | 1793                  |
| Examiner Name        | Yee, Deborah          |
| Confirmation No.     | 3787                  |

**METHOD OF PAYMENT**☐ Payment Enclosed:  
☐ Check ☐ Money Order ☐ Other☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 503081.  
☒ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.☐ Applicant claims small entity status. (deduct 50%)**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | Filing | Search | Examination | Fee Paid |
|------------------|--------|--------|-------------|----------|
| Utility          | 310    | 510    | 210         |          |
| Design           | 210    | 100    | 130         |          |
| Plant            | 210    | 310    | 160         |          |
| Reissue          | 310    | 510    | 620         |          |
| Provisional      | 210    | 0      | 0           |          |

**Small Entity Discount****1. TOTAL****2. EXCESS CLAIM FEES**

| Fee | Small Entity Fee (\$) |
|-----|-----------------------|
|-----|-----------------------|

|  |    |    |
|--|----|----|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
|--|----|----|

|  |     |     |
|--|-----|-----|
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent. | 210 | 105 |
|--|-----|-----|

| Total Claims | Extra Claims | Fee Paid (\$) |
|--------------|--------------|---------------|
|--------------|--------------|---------------|

 $\text{HP} - 20 \text{ or HP} = \text{ } \times \$ \text{ } =$ 

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee Paid (\$) |
|---------------|--------------|---------------|
|---------------|--------------|---------------|

 $\text{HP} - 3 \text{ or HP} = \text{ } \times \$ \text{ } =$ 

HP = highest number of total claims paid for, if greater than 3

| Multiple Dependent Claims | Fee(\$) | Small Entity fee (\$) | Fee Paid (\$) |
|---------------------------|---------|-----------------------|---------------|
|                           | 370     | 185                   |               |

**2. TOTAL:****3. APPLICATION SIZE FEE**

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Additional 50 or fraction thereof | Fee (\$) | Fee Paid |
|--------------|--------------|-----------------------------------|----------|----------|
|--------------|--------------|-----------------------------------|----------|----------|

 $\text{round up to a whole number} \times \text{ } = 0.00$ **3. TOTAL:****CORRESPONDENCE ADDRESS**

Direct all correspondence to:

Patent Administrator  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110  
Tel. No.: (617) 526-9600  
Fax No.: (617) 526-9899**FEE CALCULATION (continued)****4. ADDITIONAL FEES**

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description  | Fee Paid |
|-----------------------|-----------------------|--|----------|
| 130                   | 65                    | Surcharge - late filing fee or oath                            |          |
| 50                    | 25                    | Surcharge - late provisional filing fee or cover sheet         |          |
| 130                   | 130                   | Non-English specification                                      |          |
| 2,520                 | 2,520                 | Request for ex parte re-examination                            |          |
| 120                   | 60                    | Extension for reply within 1 <sup>st</sup> mo.                 |          |
| 460                   | 230                   | Extension for reply within 2 <sup>nd</sup> mo.                 |          |
| 1,050                 | 525                   | Extension for reply within 3 <sup>rd</sup> mo.                 | 1,050.00 |
| 1,640                 | 820                   | Extension for reply within 4 <sup>th</sup> mo.                 |          |
| 2,230                 | 1,115                 | Extension for reply within 5 <sup>th</sup> mo.                 |          |
| 510                   | 255                   | Notice of Appeal   |          |
| 510                   | 255                   | Filing a brief in support of an appeal                         |          |
| 1,030                 | 515                   | Request for oral hearing                                       |          |
| 400                   | 0                     | Petitions to the Director                                      |          |
| 180                   | 180                   | Submission of IDS  |          |
| 810                   | 405                   | Filing a submission after final rejection (37 CFR 1.129(a))    |          |
| 810                   | 405                   | For each additional invention to be examined (37 CFR 1.129(b)) |          |
| 100                   | 100                   | Certificate of Correction for applicant's error                |          |
| 130                   | 65                    | Submission of Terminal Disclaimer                              |          |

Other fee (Specify) \_\_\_\_\_

Other fee (Specify) \_\_\_\_\_

**4. TOTAL: 1,050.00****TOTAL AMOUNT SUBMITTED****(\$ 1,050.00)****SIGNATURE BLOCK**

Respectfully submitted,

Deborah M. Vernon  
Attorney for the Applicant(s)  
Proskauer Rose LLP  
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Boston, MA 02110-2600Date: May 20, 2008  
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